



REFERENCE FOR REGISTRATION AS A PROFESSIONAL ENGINEER / 10 (177)

State Form 2146 (R5 / 11-94)

Application number

**Send to: Indiana State Board of Registration for Professional Engineers
302 West Washington Street Room E034
Indianapolis IN 46204**

Name of applicant	
Street address	City, state, ZIP code

Degree of knowledge of applicant <input type="checkbox"/> Very well <input type="checkbox"/> Slightly <input type="checkbox"/> Well <input type="checkbox"/> Not at all	List dates that knowledge of applicant extended From To	Basis of knowledge <input type="checkbox"/> Association in engineering work <input type="checkbox"/> Professional society activities <input type="checkbox"/> Being a student in my class <input type="checkbox"/> Social and community activities
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Character and integrity of applicant

Branch of engineering in which applicant is most proficient

In order to mark the performance of the applicant, read the interpretations below. Also, graduations between the levels shown in boxes may be indicated by the location of your (x) or (✓).

Superior: Performance unquestionable of a professional level demonstrating thorough competence and creative ability.
Normal: Work adequate for most engineering purposes, though not distinguished. Indicates an ability to produce workable designs of systems or products at a professional level.
Marginal: Performance is adequate on routine tasks. Probably needs careful checking and supervision on more complex projects.
Unsatisfactory: Work of poor quality, not up to minimum professional standards at this time. Requires review and revision by associates or supervisors before execution. Inadequate for the "the purpose of safeguarding life, health and property".

SUPERIOR						NORMAL						MARGINAL						UNSATISFACTORY					

Applicant, by law, shall be qualified to be placed in responsible charge of engineering work. Rate applicant below.

☐ Competent ☐ Not competent ☐ I do not know

In addition to the above information, you are encouraged to provide comments below which will assist the Board in a fair and proper evaluation of this applicant. If necessary please use reverse side for further comments.

Your name as submitted by applicant	
Position	
Company name	
Street address	
City, state, ZIP code	
Signature	Date

If you are:

REGISTERED, please
affix PE seal or write
State of
present registration
and Certificate No.



NOT REGISTERED,
please insert NR.